

(1) PLACE OF BIRTH

County of FlouriceTownship of North

or

Inc. Town of Lake City, R.C.

or

City of Lake City, R.C.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42468

Registration District No. 2812Registered No. 20

(For use of Local Registrar)

(2) Full Name of Child

Carle Marie Thomas

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Dec. 8, 1927
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Julian C Thomas

(9) PRESENT POSTOFFICE OF FATHER

Lake City, R.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30
(Years)

(12) BIRTHPLACE

Flourice Co.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Emily E. Handcock

(15) PRESENT POSTOFFICE OF MOTHER

Lake City, R.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

18
(Years)

(18) BIRTHPLACE

Flourice Co.

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

1

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P.M. on the date above stated. (Born alive or stillborn) (Time of day or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

19 28 Registrar(27) Filed 1/24 19 28(28) A.S. Heddy Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar

LOCAL REGISTRAR

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.